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PTO/SB/97 (05-03)

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on May 4, 2005
Date

Geraldine Gress

REED SMITH LLP
599 Lexington Avenue
29th Floor
New York, New York 10022-7650
Tel: 212-521-5400; Fax: 212-521-5450
wdlippert@reedsmith.com

TO: Commissioner For Patents
FROM: William H. Dippert
RE: Request For Withdrawal
As Attorney Or Agent

Fax No.: (703) 872-9306
Number of pages including cover page: 4

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Applicant: Daniel Sherwin
Serial No: 10/766,499
Filing Date: January 27, 2004
For: LENS PROTECTION MECHANISM

Enclosures: 1. Request For Withdrawal As Attorney Or Agent (in triplicate)

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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MAY 04 2005

PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0085

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

| | |
|------------------------|------------------|
| Application Number | 10/766,499 |
| Filing Date | January 27, 2004 |
| First Named Inventor | Daniel SHERWIN |
| Art Unit | 2851 |
| Examiner Name | MAHONEY, C. E. |
| Attorney Docket Number | 206/03834 |

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Despite numerous attempts by the agents to obtain instructions and payment from the assignee of the present application, all their efforts were unsuccessful. Therefore, it is impossible for the agents of record to continue their representation in this application.

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number

OR

| | | | | | |
|---|-----------------------------|-------|-----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Splatech Technologies, Ltd. | | | | |
| Address | Beit Zayit 205 | | | | |
| Address | | | | | |
| City | Belt Zayit | State | | ZIP | 90815 |
| Country | Israel | | | | |
| Telephone | +972-3-529 9695 | Fax | +972-3-529 9747 | | |

- This request is made on behalf of myself and
- all the attorneys/agents of record,
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

| | |
|------------------|---------------------|
| Name | Paul FENSTER |
| Signature | <i>Paul Fenster</i> |
| Date | May 3, 2005 |
| Registration No. | 33,877 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 04 2005

PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

| | |
|------------------------|------------------|
| Application Number | 10/766,499 |
| Filing Date | January 27, 2004 |
| First Named Inventor | Daniel SHERWIN |
| Art Unit | 2851 |
| Examiner Name | MABONEY, C. E. |
| Attorney Docket Number | 206/03834 |

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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CORRESPONDENCE ADDRESS

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| | |
|--|----------------------|
| <input type="checkbox"/> Customer Number | <input type="text"/> |
|--|----------------------|

OR

| | | | | | |
|---|-----------------------------|-------|-----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Spintech Technologies, Ltd. | | | | |
| Address | Beit Zayit 205 | | | | |
| Address | | | | | |
| City | Belt Zayit | State | | ZIP | 90815 |
| Country | Israel | | | | |
| Telephone | +972-3-529 9695 | Fax | +972-3-529 9747 | | |

- This request is made on behalf of myself and
- all the attorneys/agents of record,
 - the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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This request is enclosed in triplicate (including any attachments).

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| Signature | <i>Paul Fenster</i> |
| Date | May 3, 2005 |
| Registration No. | 33,877 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 04 2005

PTO/SB/89 (08-03)

Approved for use through 11/30/2006. OMB 0651-0036

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT

| | |
|------------------------|------------------|
| Application Number | 10/766,499 |
| Filing Date | January 27, 2004 |
| First Named Inventor | Daniel SHERWIN |
| Art Unit | 2851 |
| Examiner Name | MAHONEY, C. E. |
| Attorney Docket Number | 206/03834 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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The reasons for this request are:

Despite numerous attempts by the agents to obtain instructions and payment from the assignee of the present application, all their efforts were unsuccessful. Therefore, it is impossible for the agents of record to continue their representation in this application.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

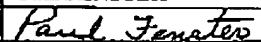
Customer Number

OR

| | | | | |
|---|-----------------------------|-------|-----------------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Spintech Technologies, Ltd. | | | |
| Address | Beit Zayit 205 | | | |
| Address | | | | |
| City | Beit Zayit | State | | ZIP 90815 |
| Country | Israel | | | |
| Telephone | +972-3-529 9693 | Fax | +972-3-529 9747 | |

- This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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This request is enclosed in triplicate (including any attachments).

| | |
|------------------|---|
| Name | Paul FENSTER |
| Signature |  |
| Date | May 3, 2005 |
| Registration No. | 33,877 |

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